

General Interest Form

Thank you for your interest in the Senior Residence at St. Peter the Apostle
Please complete the following if you would like to remain in touch with our
staff for more information and leasing information as it becomes available.

Main Contact _____

Address _____

Town, State, Zip _____

Phone number _____

Email Address _____

Resident's Name (if not main contact) _____

Resident's Age _____ Gender _____ Marital Status _____

Relation to Resident: ___ Self ___ Son/Daughter ___ Other Relative ___ Friend

Today's Date _____

What best describes your (or your relative's) housing needs?

- Independent, little to no assistance needed
- Independent, but moderate assistance needed
- Much assistance needed

Choose one of the following to describe your current residence:

- Own home
- Rent Home/apartment at market value
- Rent a subsidized apartment or HUD housing
- Live with relative (in relatives home)
- Group home
- Nursing home
- Other

When are you looking to move?

- 1-3 months
- 3-6 months
- 6-9 months
- 9 months-1 year

